

Claimant: LEE/HUI M

SSN: [REDACTED] DD: April 11, 2018

## 14. COMPLETE THIS SECTION IF YOU ARE A TEMPORARY EMPLOYMENT SERVICES EMPLOYER:

The individual is not separated, is eligible for suitable work assignments, but no suitable work assignments are currently available.

Was claimant offered a new assignment?  Yes  No If yes, did he/she accept?  Yes  No

If the questions above do not apply to this claimant, please respond to either Item 15 or 16.

Please provide the following information regarding work refused:

Date offered	Type of work	Pay Rate: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> BI-WK <input type="checkbox"/> YR	Days	Hours	Distance to site	Reason refused Go to #17
--------------	--------------	--	------	-------	------------------	-----------------------------

The following questions refer to the claimant's last assignment:

Employer name and location:

Claimant's job:	First Day Worked:	Last day worked:
Pay rate: \$ <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> MO <input type="checkbox"/> BI-WK <input type="checkbox"/> YR	Work hours:	Days worked:

## 15. COMPLETE THIS SECTION IF THE CLAIMANT QUIT.

a. What reason did the claimant give for quitting? (If you need more space, continue in Item 17.)

\_\_\_\_\_

b. Did claimant give prior notification of resignation?  Yes  No If yes, please provide date:

If claimant gave notification was it:  Oral  Written (Please provide copy)

## 16. COMPLETE THIS SECTION IF THE CLAIMANT WAS DISCHARGED.

a. When you informed the claimant of the discharge, what reason did you provide?

Was this a policy violation?  Yes  No If yes, please provide documented proof as necessary.

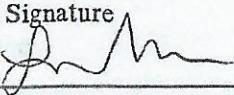
b. Was the claimant warned regarding this behavior?  Yes  No Date(s) of warnings for this behavior?

The warning(s) was:  Oral  Written  Both (Provide details regarding the nature of the warnings in Item 17. Attach documentation.)

c. Did the reason for discharge involve tardiness or attendance?  Yes  No If yes, please provide the dates and reasons regarding incidents.

## 17. COMPLETE THIS SECTION OR A SEPARATE SHEET FOR ADDITIONAL INFORMATION.

Position Eliminated

Name of the individual to contact for additional information.	Contact Telephone Number (336) [REDACTED]		
Signature 	Name Printed Laura Westwood	Title HR Manager	Date Signed 4/11/2018
Email address: <a href="mailto:lw@marketamerica.com">lw@marketamerica.com</a>	Fax number: [REDACTED]		

NOTE: If the claimant is filing an initial claim and you are also a base period employer, you will receive, under separate mailing, Form NCUI 551L Notice of Unemployment Claim, Wages Reported and Potential Charges.

MA 358